

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
 Makoto KOSUGI et al.  
 Serial No. 10/511,887  
 Confirmation No. 6372  
 Filed: October 19, 2004  
 For: Motorcycle

Art Unit: 3611  
 Examiner: Scharich, Marc A.

I hereby certify that this correspondence  
 is being transmitted via electronic filing  
 on the date indicated below to:

Commissioner for Patents  
 P.O. Box 1450

Alexandria, VA 22313-1450, on

October 5, 2006

Date of Deposit

Juanita Sobranis

Name

Signature

10/5/2006

Date

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

|  | (Col. 1)<br>CLAIMS REMAINING<br>AFTER AMENDMENT |   | (Col. 2)<br>HIGHEST NUMBER<br>PREVIOUSLY PAID FOR |     | (Col. 3)<br>PRESENT<br>EXTRA* | LG/SM<br>\$ ENTITY FEE                               | ADD'L<br>FEE DUE |
|--|---|---|---|-----|-------------------------------|--|------------------|
| TOTAL CLAIMS FEE   | 7   | - | 6   | **  | 0                             | LG=\$50<br>SM=\$26                                   | \$50 \$ 0        |
| INDEPENDENT<br>CLAIMS FEE  | 4   | - | 4   | *** | 0                             | LG=\$200<br>SM=\$100                                 | \$200 \$ 0       |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS                          |   |   |   |     |                               | LARGE ENTITY FEE = \$360<br>SMALL ENTITY FEE = \$180 | \$               |
| ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) |   |   |   |     |                               | \$250 FOR EACH ADDITIONAL 50<br>SHEETS               | \$               |
| Independent Claims: 3, 4, 5 and 6  |   |   |   |     |                               | TOTAL  | \$ 0             |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$\_\_\_ to cover the additional claims fee to Deposit Account No. 50-1314.
- ☐ Please charge the amount of \$\_\_\_ to cover the extension fee to Deposit Account No. 50-1314.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
 HOGAN & HARTSON L.L.P.

By:

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Date: October 5, 2006

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